SEAFORD URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st. DECEMBER 1945.

Public Health Department,
Town Hall,
Lewes.

14th. October 1946.

SEAFORD URBAN DISTRICT COUNCIL.

Public Health Office,
Town Hall,
Lewes.

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Ladies & Gentlemen,

I beg to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Urban District of Seaford for the year 1945.

This Report is an abbreviated one, and all records, including statistics supplied by the Registrar-General, have been carefully preserved.

The estimated population of Seaford for 1945 was 6,450. This figure is calculated by the Registrar-General on the assumption that the movement of the population is likely to continue to follow the same general course that it has followed in the past. In inter-censal years, all rates based upon the population, such as birth-rates, death-rates etc., are calculated with the estimated population figure. As a census is usually taken every ten years, the estimated population figures have to be used in such calculations in inter-censal years.

The census figure for the population of Seaford in 1931 was 6,925.

There are good grounds for believing that the actual population for 1945 was greater than the estimated population figure of 6,450. Many people came into the district to reside during the year, some previous residents, others new residents, with a number of ex-service-men and women. A more exact calculation of the population figure would be obtained from the ration book figure which, so far, is being withheld from general publication.

The birth rate for the year 1945 was 20.46 per 1,000 population. This is a high birth rate. The average birthrate for the 148 smaller towns in England and Wales was 19.2 per 1,000 population for 1945.

In the year under review, the death rate was 14.88 per 1,000 population as against a death rate of 12.3 per 1,000 for the 148 small towns in England and Wales for the same period. The great majority of the deaths in Seaford occurred in elderly people.

The Infantile Mortality rate, or the proportion of infants dying under one year of age, per 1,000 live births was 30.3 as against an average figure of 43 for the small towns of England and Wales. The Seaford rate is a low one. A high Infantile Mortality rate is a very important index of the social circumstances of an area. A high rate is usually associated with one or more of the following factors - overcrowding, bad housing, defective sanitation, adverse climatic conditions, together with maternal ignorance and neglect.

There were no deaths of women due to, or associated with, pregnancy or childbirth during the year.

Concerning infectious diseases, two cases of diphtheria were notified in 1945, with no death from this cause. During the last five years, seven cases of diphtheria were notified with no deaths. Ample proof has been given of the efficacy of diphtheria immunisation. Immunisation alone has been almost entirely responsible for the great

reduction in the numbers of cases in recent years. As an effective preventive of diphtheria, it is unquestioned.

Eleven cases of scarlet fever were notified in 1945, with no deaths attributed to this infection. Five of the cases were sent to hospital on account of inadequate isolation or inability to look after the patient at home. The remainder of the cases were cared for by home nursing.

A small outbreak of measles occurred in the district during the year. In all, one hundred and forty-eight cases were notified with no deaths. Isolation in hospital of measles cases does not check the outbreak of the disease since before the rash appears the patient has usually infected others. To accommodate a large number of measles cases in hospital would be impossible as there is neither the accommodation available nor the staff to nurse them.

Thirty-one cases of pneumonia were notified with two deaths. The remainder of the infectious diseases notified during the year showed small numbers - six cases of erysipelas, four cases of whooping cough, and two cases of cerebro-spinal meningitis, all with no deaths.

Concerning pulmonary tuberculosis, six cases were notified in 1945 as against five cases in 1944. In the comparable war and post-war years of 1918 and 1919, it was found that four cases of pulmonary tuberculosis were notified in 1918 and nine cases were notified in 1919. Generally, the conditions in the recent war-time period have not had such an adverse effect with respect to pulmonary tuberculosis as the conditions of a previous war-time period had.

To sum up, the general physical health of Seaford during 1945 was very good. There was no outbreak of dangerous infectious diseases the Infantile Mortality Rate was a low one. No maternal deaths occurred. The incidences of scarlet fever and of diphtheria were low, as were the incidences of other infectious diseases, apart from a small outbreak of measles. The incidence of pulmonary tuberculosis was not high but of moderate extent, almost coming within low rate figures. Most noteworthy in the vital statistics was the considerable excess of the births over the deaths.

There is no doubt that the war-time and post-war strains and stringencies have affected some members of the community. Many frustrations caused by shortages of all kinds - of houses, of goods and materials necessary for normal living, together with the absence of a generous and more varied diet - have all had their cumulative effects on the nervous system. It would be true to state that all have been affected more or less.

The optimum physical and mental well-being of a community cannot be attained unless long continued and vexatious restrictions are removed.

I am,

Ladies & Gentlemen,

Yours obediently,

G.M. DAVIDSON LOBBAN.

M.B., Ch.B., D.P.H.
Fell. R.S.I.
Fell. R.I.P.H. etc.

Medical Officer of Health.

S E C T I O N I.

STATISTICS OF THE AREA - 1945.

Area (in acres).	-	4,274
Population.	-	7,787
Rateable Value (estimated).	-	£120,518
Sum represented by Penny Rate.	-	£450

EXTRACTS FROM VITAL STATISTICS.

	Male.	Female.	Total.	Rate per 1,000 Population.
Live Births -				
Legitimate.	63	53	116	
Illegitimate.	8	8	16	
			132	20.46
Deaths	38	58	96	14.88
Number of women dying in, or in consequence of, childbirth.			Nil	

		Rate per 1,000 Live Births.
Deaths of Infants under 1 year of age (usually spoken of as the Infantile Mortality Rate).	4	30.3

BIRTH RATE.

The birth rate in Seaford for the year under revi[illegible] 20.46 per 1,000 population. The average annual birth rat[illegible] for the years 1940 to 1944 was 16.37 per 1,000 population.

The birth rate has been progressively decreasing in this country during the last seventy years. It has been evident to most that there has been an increasing proportion of old people in the population during the last few decades. This fact has not been lost upon business people concerned with industries and trades catering for the ageing and the aged. The publishing trade increased their output, since old people like to read. Clothing manufacturers have supplied more materials giving warmth, durability, and conservative styles. Dealers in easy chairs and wireless sets have flourished. Land and property in residential areas have increased in value. There appeared to be a contraction of the more robust games.

It is obvious that we are becoming a nation of old people, as we certainly are, due to the decline in the birth rate, and to the prolongation of life, a smaller proportion of young people will have inevitably to support a great number of the aged - almost a dying nation in fact.

There now appears to be a swing in favour of an increased birth rate. Whether this is due to a renewal of family life occasioned by insecurity and people withdrawing more into their own homes, or to pure recklessness, borne of insecurity and doubt, is not clear. Towards, or at the end of, a war of some years' duration, there is nearly always a greater replacement of human stock. Psychical and emotional disturbances tend to a reversion

to family life. It appears that the present increase in the number of births is of a temporary nature. There has been a deliberate artificial restriction of births for practical and economic reasons in the past.

In war and post-war years there have been higher wages awarded to certain sections of the community, and this has had some effect in ultimately producing a larger birth rate despite the controlled supplies of clothing, food, and other means of subsistence. Also, a large number of marriages of young men and women in the Forces have taken place.

It is clear that if wages come down the cost of living will have to come down with them. This includes the costs of all food and materials necessary for present day life. The severe strain to which some classes of the community have been subjected, such as occasioned by higher taxation, will have to be removed before any hope can be perceived, and they undertake the raising of a family.

There are many legal, social, and economic reforms which are overdue, and which have a great bearing upon an increased birth rate in this country. To mention but a few, there are the cuts in the continued rationing of the nation's food supply; the withholding of labour for agriculture, and for the distribution of food; various rings which keep up food prices and prices of materials; the expensive methods of distribution of food stuffs and materials necessary for subsistence; shortage of houses; high rents in some cases and high prices of houses; restrictions in tenancy agreements to the exclusion of children; expensive education; and many other restrictive factors militating against the upbringing of a family.

Despite all these deterrents there has been, as I have stated earlier, a temporary swing over in favour of an increased birth rate. One could speculate upon how much more the increase would have been if conditions, such as shortage of housing accommodation, lack of furnishing and household equipment, diminished supplies of clothing, and of woollen and cotton materials, and high taxation - all factors limiting an increase - were removed.

It is obvious that to regain our place as a premier exporting nation we will have to work extremely hard. Young people will be required to make good the wastages of war in life, material, and wealth. Foreign investments returning over three hundred million pounds annually to this country, which offset a large percentage of our imports, have gone. Prudence and industry over many years created the vast capital required for such a dividend which made the cost of living a cheap one before the war. It is clear then that only prudence and industry can bring back conditions akin to those of the pre-war period.

Any propaganda as to easy living without working which does not take into account hard facts, is misleading and may be fertile in future unrest and defeat its own end - security - since unrest will bring insecurity.

Nevertheless, it seems paradoxical that in the recent past we have been striving to produce plenty so that there should be no want of certain essentials for a full and contented life. Instead of plenty, poverty of these essentials has been too evident. One cannot say that domination of our lives by the machine has made us happier. I am certain that the average man or woman in this country is more contented to receive money which he or she has justly earned by their own work or endeavour. Moreover, self respect is so retained. A life of dull monotonous ease depending upon the State for nearly everything would be resented by most.

DEATH RATE.

The annual crude death rate in Seaford for 1945 was 14.88 per 1,000 population. In all there were 96 deaths in the year as follows:-

	Male.	Female.
Heart Disease.	14	10
Cancer, Malignant Disease.	6	15
Intra-Cranial Vascular Lesions.	4	11
Bronchitis.	-	3
Nephritis.	1	2
Other Diseases of the Circulatory System.	-	2
Pneumonia.	-	2
Other forms of Tuberculosis.	1	-
Diabetes.	1	-
Other Respiratory Diseases.	1	-
Ulcer of the Stomach (or Duodenum).	1	-
Acute Infantile Encephalitis.	-	1
Diarrhoea in Infants under 2 years.	-	1
Other Digestive Disorders.	1	-
Congenital Malformations, Birth Injuries, Infantile Diseases.	1	-
Other Violent Causes.	-	3
All Other Causes.	7	8
	38	58

Of all the causes, deaths from heart disease (24) took premier place. Cancer took next place as a killing disease with 21 deaths. This was followed by deaths from intra-cranial vascular lesions (mostly 'strokes') numbering 15. Then came deaths from bronchitis and nephritis, 3 each. Other diseases of the circulatory system and pneumonia, 2 each; other forms of tuberculosis, diabetes, other respiratory diseases, ulcer of the stomach or duodenum, acute infantile encephalitis, diarrhoea in infants, other digestive disorders, death due to birth injury; all with 1 each. Other violent causes, 3. All other causes not specifically mentioned, 15.

SPECIFIC CAUSES OF DEATH.

1. Heart Disease. As in former years heart disease caused the largest number of deaths in 1945. "Heart Disease" is composed of a large number of highly diverse conditions and diseases. From 2% to 2.5% of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking This points to a good deal of further research being required, especially in view of the leading place heart disease occupies year after year as a cause of death, and as a cause of a great deal of disability.

2. Cancer. Cancer is a general term covering all malignant tissues of different kinds of cancerous affection. There is some connection between modern conditions of living and the increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus we have cancer in shale oil workers, bad cancer in chimney sweeps, and in X-ray workers. Many cases of cancer can be cured if treated early enough. The popular misconception that cancer is always a hopeless and incurable disease is not correct. At first cancer appears to be local, and if detected in time and removed there is a high possibility of cure.

3. Intra-Cranial Vascular Lesions. Deaths from intra-cranial vascular lesions took the

3. Intra-Cranial Vascular Lesions. These vascular lesions are usually cerebral haemorrhages. In some families there is a tendency to degeneration of the blood vessels. These degenerated vessels are then more liable to burst, haemorrhage so produced from the cerebral blood vessels thus cause intra-cranial vascular lesions. Predisposing factors are nephritis, alcoholism, chronic muscular strains and high blood pressure· the latter due to a variety of causes, such as the hypertension of present day life.

4. Bronchitis. This affection may be primarily due to exposure, or secondarily, following upon a common cold, tonsillitis, laryngitis, or associated with influenza or some of the infective fevers: measles, whooping cough etc. In old people it may be associated with heart disease, kidney disease, or other lung affections, such as pneumonia. Both acute and chronic bronchitis require medical supervision and should not be neglected.

5. Nephritis. Acute nephritis may be caused through a chill or may be associated with scarlet fever, measles or diphtheria. Toxic agents, such as turpentine and carbolic acid are other causes, and it may be associated with pregnancy. Acute nephritis cannot be regarded as infectious.

A Common Ailment. The common cold, from the point of view of loss of time at work, is the most important cause of sickness. It is computed that during the months November to March almost a fifth of the persons exposed to risk suffer from colds.

A cold is the most common ailment; never fatal in itself, it may pave the way for other more serious infections, as pneumonia, or as sinus or ear trouble. Due to its variable manifestations in different persons, it appears that a cold is not a truly clinical entity. Rather it seems that there are a number of different infecting agents causing different effects but all roughly classified under the term "a common cold". Not a great deal is known about the different infecting agents. Some infections are ascribed to a very small virus which can pass through an extremely fine filter.

Undoubtedly colds are transmitted from person to person. It has been noted that individuals who have been isolated from civilisation have been free from colds, and infection has occurred as soon as contact with the outside world has been established. At present, the only known proved cause of a cold is a filter passing virus, but it is probable that in the future some of the other causes of colds will be exactly identified.

An individual with a cold is most infectious in the early stages. The infection of other people occurs through coming in contact with spray charged with the germs which escape from the infected person during sneezing or even talking. Thus, minute infectious droplets are let loose. The incubation period of colds appears to be one to three days. Amongst individuals susceptibility to colds varies greatly. It has been suggested that a person is more susceptible if the nasal secretion is acid, or if there is a lack of vitamin intake. Exposure, chilling, fatigue, and malnutrition are contributory factors.

Cases of colds should be isolated to avoid infecting others. There is no doubt that a patient with a cold is very infectious during the early and acute stages. In general, the exclusion from school or work for four or five days would not be unreasonable. By longer exclusions, school attendance and work would be interfered with too much. To minimise the ill effects of a cold rest in bed is best to accomplish this.

Although it is the commonest ailment, a cold, although thought not much of by the majority, may lead to a more serious complaint.

Vaccines have been used to immunise a person against developing colds. Favourable results have been reported when such vaccines have been administered more or less indiscriminately. Well controlled experiments, however, such as the administration of milk sugar, a substance with no known curative properties, a placebo in fact, to an unsuspecting control group of persons, have shown that the reduction in the incidence of colds in the group where vaccines were used was not substantially greater than in the control group given the innocent substance, milk sugar. Occasionally one finds an individual who has suffered from repeated colds and has declared great benefit after vaccine treatment. It is likely that the benefit may have arisen, however, not through the treatment but simply after it A vigorous and healthy body is more ready to withstand the effects of a cold than a sickly and debilitated one. Vitamin tablets, cold baths, and exercise are not of proved value in themselves, but they help to raise the bodily resistance somewhat.

Much more research is required before the different infecting agents and the contributory factors causing colds can be understood. Many diverse conditions are being roughly classified and put under the broad heading of colds at present. Until the actual causative agents and contributory factors are clearly identified, not much further progress in the nature of preventatives and cures can be made. It is only after much successful research in clearing up the very complicated matter of tracking and clearly identifying the exact causes that real progress can be made in the prevention and cure of the commonest of all common ailments - the so-called "common cold".

NOTES ON STATISTICS.

Death rates and causes of deaths are useful and necessary when comparing one period with another in a more or less stable population or in comparing the figures in almost identical communities. They also help in research concerning various diseases.

It is more necessary, however, to have full access to statistics concerning the living. Already one can readily see whether the incidences of different notifiable infectious diseases are increased or decreased for certain months or years, as these statistics are available.

Statistics concerning the number of living people suffering from heart disease, cancer, rheumatism, gastric ulcer, kidney disease and other diseases, each of which causes disablement and loss of health and efficiency, are not available to Public Health Departments, although one can obtain a good deal of this information from National Health Insurance files.

If it is the intention to carry out a national public health scheme for the prevention of disease, such statistics of the living would lead to a closer conception of the extent of the disease, the age, sex, seasonal variations and other factors, such as employment, bearing upon each malady, and thus help materially in research and in the discovery of curatives and better still, in prevention.

The practical advantage gained by the compilation and use of vital statistics is immense. Public Health matters which were fiercely debated one hundred years' ago and on which only a very shrewd and experienced medical man could form an opinion, are now within easy compass.

Birthrates, Civilian Death-rates, Analysis of Mortality. Maternal Mortality and Case-rates for certain infectious diseases in the year 1945. Provisional figures based on weekly and quarterly returns.

	England and Wales.	126 C.B's and Great Towns including London.	148 Smaller Towns; Resident Pop: 25,000 to 50,000 at 1931 Census.	London Administrative County.	Seaford.
Rates per 1,000 Civilian Population.					
Live Births.	16.1 ≠	19.1	19.2	15.7	20.46
Still Births.	0.46≠	0.58	0.53	0.4	0.31
Deaths:-					
All Causes.	11.4 ≠	13.5	12.3	13.8	14.88
Typhoid and Paratyphoid.	0.0	0.0	0.0	0.0	0.0
Scarlet Fever.	0.0	0.0	0.0	0.0	0.0
Whooping Cough.	0.02	0.02	0.01	0.02	0.0
Diphtheria.	0.02	0.02	0.02	0.01	0.0
Influenza.	0.08	0.07	0.07	0.07	0.0
Smallpox.	0.0	0.0	0.0	0.0	0.0
Measles.	0.02	0.02	0.02	0.01	0.0
Rates per 1,000 Live Births.					
Deaths under 1 Year of Age.	46.0 ≠	54.0	43.0	53.0	30.3
Deaths from Diarrhoea & Enteritis, under 2 yrs. of age.	5.6	7.8	4.5	7.6	7.57

≠ Signifies per 1,000 related births.
≠ Signifies per 1,000 Total Population.

Rates per 1,000 Civilian Population.					
NOTIFICATIONS.					
Typhoid Fever.	0.01	0.01	0.01	0.01	0.0
Paratyphoid Fever.	0.01	0.0	0.01	0.0	0.0
Cerebro-Spinal Fever.	0.05	0.05	0.05	0.06	0.31
Scarlet Fever.	1.89	2.02	2.03	1.57	1.7
Whooping Cough.	1.64	1.65	1.47	1.25	0.62
Diphtheria.	0.46	0.52	0.56	0.31	0.31
Erysipelas.	0.25	0.28	0.24	0.31	0.93
Smallpox.	0.0	0.0	0.0	0.0	0.0
Measles.	11.67	10.89	11.19	9.03	22.94
Pneumonia.	0.87	1.03	0.72	0.73	4.8
Rates per 1,000 Total Births (Live and Still).					
(a) Notifications.					
Puerperal Fever. " Pyrexia.)	9.93	12.65	8.81	(3.60 (15.87≠	0.0

(b) Maternal Mortality - England and Wales.

No. 140 Abortion with Sepsis.	No. 141 Abortion Without Sepsis.	No. 147 Puerperal Infections.	Nos. 142-6 148-150 Other.	Seaford.
0.25	0.08	0.24	1.22	0.0

S E C T I O N II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Public Health Facilities of the Local Authority.

The Medical Officer of Health for the Urban District of Seaford is also the Medical Officer of Health for the Borough of Lewes, Newhaven Urban, and Chailey Rural District Councils.

Normally one Sanitary Inspector carries out his duties in the District.

Laboratory Facilities.

These are provided by the Royal Sussex County Hospital, Brighton. Particulars of examinations carried out during the year 1945 are as follows:-

	Positive.	Negative.	Doubtful.	Total.
Swabs for Diphtheria.	-	-	-	-
Miscellaneous Examinations.	-	-	-	-

Specimen of Faeces and Blood - Negative.

Ambulance.

The town casualty service consists of one ambulance and one sitting case car which for the time being are being worked direct by the Council with a staff of two drivers.

Nursing in the Home.

Home nursing is carried out by the East Sussex County Nursing Federation through the Seaford and District Nursing Association.

Clinics and Treatment Centres.

No change.

Hospitals.

Infectious diseases cases are admitted to the Newhaven Isolation Hospital - Seaford being a member of the Newhaven and Seaford Joint Hospital Board. Any cases of smallpox, if they occur, can be sent to the Smallpox Hospital at Plumpton.

Other hospital facilities remained the same as in pre-war and in former war years.

Poor Law Medical Aid Relief.

The arrangements in operation for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

Institutional Provision for the Care of Mental Defectives.

The East Sussex Mental Hospitals Board deal with the Lunacy and Mental Deficiency services.

S E C T I O N III.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

1. Water supply.

With the exception of a few properties on the outskirts of the Town, all houses are on the main, and water is supplied by the Newhaven and Seaford Water Company whose wells are situated at Norton, and there is a Reservoir at Firle Road, near the Blatchington Golf Course.

One sample was taken by the Local Authority which proved both chemically and bacteriologically to be highly satisfactory.

Reports of samples taken by the Company from time to time are submitted to the Local Authority, and in all cases have proved satisfactory.

2. Inspections.

The population, due to voluntary evacuation, was reduced from the pre-war figure, especially during the first six months, but as the year advanced so did the number increase. By the September term the majority of the Preparatory Schools returned, after an absence of six years.

During the year 1945, the following inspections were made to the premises detailed:-

	Primary Inspections.	Re-Inspections.	Total Visits.
Housing.	18	5	23
Dairies.	23	3	26
Food Shop Inspections.	39	-	39
With relation to Foods.	56	-	56
Drainage Tests.	19	180	199
" Inspections.	14	6	20
" New.	17	31	48
" Defects.	31	-	31
Disinfections - Request.	32	16	48
" Infectious Diseases.	19	19	38
Inspections - Infectious Diseases.	29	-	29
" - Miscellaneous.	33	-	33
Smoke Nuisance.	1	-	1
Dumps.	8	3	11
Rats and Mice.	64	204	268
Bakehouses.	9	-	9
Water supply.	2	1	3
Petroleum.	8	-	8
Dustbins.	28	10	38
Cowsheds.	28	-	28
Factory Inspections.	5	1	6
Fried Fish Shops.	2	-	2
	485	479	964

3. Number of Notices Served.

To secure the abatement of nuisances, the following action was taken:-

Number of Informal Notices served.	-	80
Number of Informal Notices complied with.	-	68
Number of Statutory Notices served.	-	1
Number of Statutory Notices complied with.	-	1

4. Complaints.

The number of complaints received during the year were 47, which arose chiefly from:-

(a) Defective Dustbins. This proved a difficult matter owing to the shortage of the new article, but during the year the Surveyor to the Council was able to get several consignments of dustbins and was thus able to meet some of the needs of the Town in this respect.

(b) Drain Stoppages. Largely due to the premises having been occupied by the military and houses standing empty for long periods.

5. Milk.

There are five producers, of which two hold licences for the production of Accredited milk.

Of the six retail traders, one is licenced to sell Pasteurised milk, one to bottle and sell Accredited milk and one to sell Tuberculin Tested milk.

All premises have been kept in a cleanly condition and lime-washed at the stated periods.

6. Bakehouses.

The three bakehouses are kept in a cleanly condition and the necessary cleansing carried out at the required times.

7. Fried Fish and Chip Shops.

The two Fried Fish and Chip shops are kept in a cleanly condition, no complaints have been received in respect of this trade, and upon inspections no nuisances found.

8. Food.

The following foodstuffs were found to be unfit for human consumption, and in all cases were voluntarily surrendered. It should be mentioned that food from the several N.A.A.F.I. canteens in operation during the early part of the year in this District is included:-

Blown, Rusted or otherwise defective tins.
Contaminated, Broken or delay in Transit.

289 Tins of Food.
13½ lbs. of Butter.
138 Packets of Soup.
72½ lbs. of Cocoa.
48 lbs. of Flour.
3¾ lbs. of Peppermint Lumps.
56¼ lbs. of Figs.
7 lbs. of Barley Sugar.
6 lbs. of Chocolate Creams.
5½ lbs. of Boiled Sweets.
12 lbs. of Sausages.
3 doz. Pork & Ham Pies.
10½ stone of Herrings.
107 Pots of Mincemeat, Jam and Marmalade.

Old Stock.

5½ lbs. of Yeast.
12 lbs. of Bread.
6 lbs. of Dripping.
20 lbs. of Onions.

Damaged by Rodents.

15 lbs. of Flour.
6 lbs. of Scone Flour.
1 lb. of Sponge Pudding.
6 Pkts. of Steam Pudding Powders.
5 Pkts. of Bun Flour.

Damaged by Blowfly.

42¾ lbs. Fore-end of Bacon.

Damaged by Weevils.

1 cwt. Bag of Rolled Oats.

Rancid.

1 lb. 5 ozs. of Butter.

Meat.

Tumour.	-	16 lbs. Beef carcass.
Badly Bruised.	-	16 lbs. Kidney, Sirloin and Rump.
Fluke.	-	9¾ lbs. Liver.

9. Rats and Mice.

The Rat and Mice campaign had continued during the year. No major infestations were found and the minor cases were dealt with. In all cases the occupier agreed for the Council to carry out the work and the payment, thus no Statutory action has been necessary.

10. Casualty Service.

This service is under the charge of the Sanitary Inspector.

The operation of this service presented no difficulty with the continuous operation of the Control Room for receiving calls and the whole time C.D. personnel on duty for manning the vehicles, but with the disbandment of Civil Defence other arrangements had to be made. It was not possible to revert to the pre-war arrangements as no Garage would take on this service, largely due to lack of manpower.

The Council therefore, as a temporary arrangement, decided to engage two whole-time drivers-cum-attendants for this work. These persons were called upon to be on duty 24 hours per day, seven days per week, and it is only their sense of duty and interest in their work that has made this service so efficient.

During their working hours the vehicles have not only to be serviced, but the time of the Ambulance personnel has been employed on such work as fumigations, rat and mice destruction and rehousing repairs.

The total number of calls for Ambulance or Sitting Case Car for the year are 217, being 133 during office hours and 84 out of office hours.

This is the largest number of calls received in any year since this service has been in operation.

11. General Observations.

In reviewing the past year's work, reference must be made to the additional duties of the Sanitary Inspector as A.R.P. Sub-Controller and Officer and later, appointment of Re-housing Officer.

The duties in connection with the former did not cease with the disbandment of the Civil Defence personnel. The clearing up, such as sorting of records, dispensing of equipment, dismantling and release of premises, all took their toll of time and attention.

In July, with the requisitioning of premises, it was the Sanitary Inspector's duty to examine and enquire into the applicants for housing accommodation, and in August these duties were increased by his appointment as Re-housing Officer when the whole of the work of interviewing applicants, the recording of applications, notifying the Clerk of suitable properties for requisitioning, the carrying out of the necessary repairs to such premises, and after the allocation, notifying the families concerned.

During the year, Sanitary duties increased as the population returned, and the shortage of materials and labour made this work more difficult.

S E C T I O N IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1945.

Disease.	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Diphtheria.	2	2	-
Scarlet Fever.	11	5	-
Whooping Cough.	4	-	-
Measles.	148	-	-
Erysipelas.	6	-	-
Pneumonia.	31	-	-
Cerebro Spinal Meningitis.	2	2	-

INFECTIOUS DISEASES GENERALLY.

1. Diphtheria.

Only two cases of diphtheria were notified in 1945. During the last five years, only seven cases were notified altogether. In recent years, cases of diphtheria have been rare. This is due to almost one thing, and one thing alone - Immunisation - consisting of two single injections of immunising fluid into the arm of each child whose parent or guardian was prudent enough and wise enough to have this done.

When one recalls that not so long ago diphtheria was a scourge and responsible for many of the deaths of children of all ages, with two-thirds of the diphtheria deaths occurring in those under five years, and the remaining third in children between five and fifteen years, immunisation can be rightly termed a Godsend.

New generations of children keep arriving through births. Parents and guardians, who, through one reason or another, have not had the children under their care immunised yet, are most seriously advised to have the children immunised as soon as possible. The children themselves have very little say in the matter, and it is every child's right to be so protected against such an often-times fatal disease. Some parents and guardians say that some children never get diphtheria, so why worry ? Any child may get diphtheria, unless it is effectively immunised.

All parents and guardians who wish to have the children (for whom they are responsible) immunised, should either go to their family doctor to have this done, or make arrangements either by writing or by calling at the Public Health Department, Seaford. Delay is dangerous. Every child should be immunised. By so doing, parents and guardians would save themselves a lot of worry and anxiety, and they would have the solid satisfaction of knowing that the children are protected against a very deadly disease.

2. Scarlet Fever.

There were 11 cases of scarlet fever notified during 1945. None of these cases died. Of the notified cases, five were removed to hospital for treatment.

Scarlet fever has become a mild disease in recent years, and it is very rarely that a severe case occurs. The concept regarding scarlet fever has been changed in recent years; the disease is not a clinical entity, it is an acute streptococcal infection of the naso-pharynx. Some cases show a rash and other clinical signs, others do not. In many cases the only symptom is a slight sore throat with no rash and no obvious subsequent peeling. These cases are missed cases of the disease, and they are allowed to mix with other individuals and infect them. Some cases carry infectious organisms in the nose and throat without actually showing any signs or symptoms of the disease, and these are termed "carriers" and act as sources of infection also. Thus a number of missed cases and "carriers" not having been isolated have been at large and infected susceptible persons with whom they have come into contact.

The old theory that hospital isolation would stamp out the incidence of the disease has been exploded, and there is no evidence to show that it is an important factor in controlling an epidemic.

Where a case of scarlet fever cannot receive proper isolation, medical attention and nursing at home, removal to an Isolation Hospital becomes necessary, as this course often keeps down the incidence of the disease.

3. Whooping Cough.

In 1945 only four cases of whooping cough were notified.

This disease is an acute infection of the respiratory tract and may last for a period of several weeks to two or three months. Most cases occur during the latter part of the pre-school period - from three to five years.

Formerly deaths were more numerous from this cause but in the last few decades the death rate has declined strikingly. There is no evidence that the disease is any less prevalent than in former years. It is present at all seasons of the year but reaches its peak in the winter. Infection is spread by previous cases.

Many, and perhaps the majority, of the cases show a very mild cough without any "whooping". These "missed cases" constitute a very important part of the reservoir in that they escape detection and circulate freely in the community to infect their fellows. There is no evidence that healthy carriers exist. The escape of the infective organism from the infected person is through the secretion of the upper respiratory tract. The organisms are more readily found in the early weeks of the disease. Isolation and quarantine, which are usually not instituted until the child "whoops" are of little value in preventing spread. Crowding and close association with the patient in the "pre-whoop" period facilitate rapid infection of others.

The seriousness of whooping cough is not due to the infection itself, but to the pneumonia attack sometimes following on the whooping cough infection. The best possible medical and nursing attention should be given to infected children during the first year of life and up to three years' of age, since fatal cases are most likely to occur then than at later ages. This does not exclude

the few cases who develop pneumonia at the later ages and who require medical and nursing attention. Over 60% of deaths occur in the first year of life, and over 90% during the first three years. There is no specific serum or vaccine of outstanding value which has been discovered so far for the effective treatment of the disease.

4. Measles.

There were 148 cases of measles notified to the Public Health Department in 1945.

This disease is an acute infection of a few days' duration and is characterised by fever, rash and symptoms referable to the upper respiratory tract. Middle ear infection and pneumonia constitute the chief complications. Pneumonia is responsible for most of the deaths attributable to measles. Less than one per cent of measles cases die from it, although the mortality rate of small children and adults is somewhat higher. The disease is most prevalent in early spring and usually disappears rapidly with summer's advent.

Active cases of the disease form reservoirs of infection and there is no evidence that healthy or convalescent carriers exist. The escape of the infecting organisms is affected through respiratory secretions being expelled by the patient. Individuals are thus infected by breathing in small infected droplets of the secretion propelled into the air by an active case in talking, sneezing and coughing. Generally, communicability ceases by the time the rash appears. By the time the rash has disappeared, communicability or chance of infection of others has certainly ceased, even though the case has developed middle ear disease or pneumonia, both of which are due to other kinds of organisms than the organism responsible for measles itself. There is no evidence that the disease is spread by clothing, water, milk, food or flies.

The proportion of children who have had measles, and are therefore immune to it, varies with the opportunities for exposure. A higher percentage of children are found in crowded urban areas than in sparsely populated rural areas.

Theoretically isolation of a case of measles is designed to prevent the spread of the disease to others. In practice it serves more to protect the patient against sundry infections which may lead to pneumonia. Rigid isolation at home, where there is a large family, can do little to prevent the spread of measles through the family, as most of the children have already been infected before the rash appears and thus usually before the first case is recognised as measles. Such primary cases are followed by infection of 90 to 100 per cent of the susceptible siblings.

The prevention of pneumonia is the most important measure in measles. This does not reduce the number of cases but it does reduce the number of deaths.

Good nursing care is desirable for all measles cases and is especially important for those of pre-school age. All cases cannot be sent to hospital since during epidemic times, and in years with even moderate outbreaks, there would not be enough beds to cope with the situation.

Passive immunisation against measles, possible only if the child has had a known exposure, may achieve a modification of the disease. This modification apparently confers as lasting a protection as the typical measles infections besides lightening the

signs and symptoms, and lessening the chance of contracting complications, such as pneumonia. The chief use of passive immunisation is in dealing with family contacts, especially those under three or five years' of age. Active immunisation, or the immunisation of healthy children unexposed to measles infection, which is the introduction of a substance into the body to produce what is termed "an anti-body" in the human tissues to resist the infection, is of doubtful value.

5. Erysipelas.

Six cases of erysipelas were notified in 1945.

A great majority of cases of this disease take their origin in an abrasion of the face or head. The starting point is often the inner angle of the eyelid or the neighbourhood of the nostril. Wounds on the hairy surface of the head sometimes develop erysipelas. With the exception of the newly born - in which an attack may be serious - the infection is rare in persons under fifteen years, but becomes more common after twenty years' of age. After fifty it is less frequently seen, but may occur in persons of seventy-five and over. It seems unduly frequent in alcoholics, possibly on account of the increased chance of injury and exposure to which this class of individuals is more liable.

Formerly about 5% of erysipelas cases became fatal, and the disease was very fatal to the newly born. After thirty-five years' of age the morbidity tended to increase; after fifty it became serious, and it became dangerous in persons over seventy-five. The outlook in older children and in young adults is very favourable.

Serum now used in treatment of the condition has in some cases produced dramatic effects. Excellent results are obtained by the use of the sulphonamide drugs in combination with serum treatment, together with local treatment of the infected part. As a preventive measure in individuals who are prone to recurrent attacks, a course of vaccine treatment has been thought of some value.

6. Pneumonia.

Thirty-one cases of pneumonia were notified during the year 1945.

Pneumonia attacks persons of all ages and is the most prevalent and fatal of all acute infectious diseases. Although it is an infectious disease, the infecting organisms may be in different guises making the condition all the more difficult to treat. If the organism causing the infection is found early on in the disease, and treatment is instituted quickly, probably many more cases would not reach a fatal termination.

Nearly all the cases of pneumonia should be sent to hospital, since most require careful medical treatment, skilled nursing and isolation from other people.

Sulphonamide drugs - such as M & B 693 - have had a great effect in reducing the mortality in certain types of pneumonia and Penicillin has proved to be an even better remedy.

7. Cerebro-Spinal Meningitis.

Two cases of cerebro-spinal meningitis were notified in 1945. Both cases were removed to hospital and made good recoveries.

Formerly the death-rate in cases of this disease was a high one; as high as 70%. Recently, with the use of sulphonamide drugs, the death-rate has been lowered to about 10% of the cases.

S E C T I O N V.

TUBERCULOSIS.

Of the five cases of pulmonary tuberculosis admitted to hospital during the year 1945, one female was in respect of a notification received prior to the 1st. January 1945.

1945 NEW CASES AND MORTALITY.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	2	-	-	-	-	-
10	-	-	-	1	-	-	-	-
15	-	-	-	-	-	-	-	-
20	1	-	-	-	-	-	1x	-
25	1	1	-	-	-	-	-	-
35	1	-	-	-	-	-	-	-
45	1	-	-	-	-	-	-	-
55	1	-	-	-	-	-	-	-
65 and upwards.	-	-	-	-	-	-	-	-
Total.	5	1	2	1	-	-	1x	-

x Tuberculous Meningitis (Inward Transfer).

Six new cases of pulmonary tuberculosis and three new cases of non-pulmonary tuberculosis were notified to the Public Health Department, and there were no deaths from pulmonary tuberculosis and only one death from non-pulmonary tuberculosis in 1945.

Tuberculosis is most frequently found in the lungs although it may attack almost any part of the body. Although the disease is an important cause of death, only a small percentage of those infected die of it. Many persons contract the disease and overcome the infection without any detectable symptoms and are never seen by a medical man. In infants, and occasionally in older persons, tuberculosis may run an acutely fatal course but in most persons it is a long drawn out chronic condition frequently punctuated by remissions.

The disease can be divided into two types - the primary infection and the re-infection.

The primary infection constitutes the initial response of the body to the infection and is usually manifested by a localised process in the lungs, such as a tubercule, or an infected lymph node near, or on the root of, the lungs. In many instances this is a benign process, healing by fibrous tissue, encircling the affected part which is often

followed by the deposition of lime salts around that part of the tissue where the affection is, in an attempt to cut off the tubercule bacilli in the part affected and thus prevent further spread.

In some instances the infection in persons experiencing their first exposure to tuberculosis progresses to a generalised involvement, miliary tuberculosis, usually ending with a fatal meningitis.

The re-appearance of the active disease in a person who has successfully combated the primary infection is referred to as the second type, that of re-infection.

The extent of the infection in a community varies with the degree of infection, economic circumstances, the facilities for the segregation of active cases, the discovery and segregation, if infected, of contacts of the active disease.

Due to circumstances obtaining in Seaford, one would not expect a high incidence or a high mortality from tuberculosis in the district, and such is the case. As already pointed out in this Report, the mortality rate over a number of successive years in this area is much less than the mortality rate in an industrial area over the same period.

Non-pulmonary tuberculosis affecting other tissues than the lungs, such as the bones, joints, abdominal glands etc., causes much crippling and disablement, besides terminating in some cases in a fatal issue. This variation of tuberculous infection is chiefly due to a bovine infection derived from tuberculous cows and spread through milk.

Pulmonary tuberculosis is not common among children, rather it is a disease of adults of earning age and capacity. Adults with the disease still continue to work in an unfit condition. If a wage earner so infected is declared unfit for work by his doctor, the family income is depleted. Unable to work, the infected person stays at home and the chances of transmitting the disease to his immediate contacts in the home are thus increased. Legislation, intended as a temporary measure in war-time, to treat early cases of pulmonary tuberculosis and to grant financial allowances, was introduced in 1943. The chief idea behind the scheme was to improve or cure a patient of wage earning age and capacity so that he could resume vital war work. Chronic cases are excluded and so are non-pulmonary cases from the scheme. It is doubtful whether the scheme has been an unqualified success, since with the financial aid granted, the economic circumstances of the family was reduced in most cases.

Prolonged treatment over a considerable period of time of certain cases of bovine tuberculosis, as in some bone and joint lesions, is essential before a remedy is effected. This period may stretch into years. In these cases no financial help under the government scheme is given to sufferers who undergo treatment, and no grant is given for chronic pulmonary tuberculosis cases, although the treatment may last in the aggregate many years. For a public health administrator the scheme has not been an easy one to handle, owing to the dissatisfaction expressed by chronic pulmonary cases and non-pulmonary cases.

Cleanliness, especially around cases, may destroy some of the pulmonary tubercule bacillus. The amount of infection spread through clothing, bedding, books and articles used by the patient is small in comparison with the spread directly from person to person. In pulmonary cases the escape of the bacillus is by the sputum. Better housing may reduce congestion and, therefore, the chance of spread.

The bovine tubercule bacillus is extruded in the cow's nasal and mouth secretions, in cow manure and in the milk. The most important environmental measures, besides the concurrent disinfection

in the care of recognised cases, are those in connection with the spread through milk. Heating up to 150° Fah. for 30 minutes of a medium (such as milk), containing the bovine tubercule bacillus, will kill the bacillus. In order to improve the keeping quality of the milk, it should be immediately cooled to a temperature of not more than 55° Fah., or boiling the milk and then cooling it rapidly will produce the same effect.

Elimination of the common drinking cup and sanitation of eating utensils in pulmonary cases contribute to lessen spread. Treatment of these cases aims at the prolongation of the patient's life and the prevention of further spread.

Formerly, sanatoria were simply rest houses where rest, nourishing diet, and graduated exercises with medical attention for the relief of symptoms were carried out.

Now treatment is concerned more with surgical procedure for the collapse and thus rest of the affected portions of the lung. Some favourable results have been reported by the use of Calmette-Guerin (B.C.G.) vaccine in conferring resistance to the disease. It has been administered principally to children in homes where known exposure to tuberculosis exists. Further experience with this vaccine is necessary before its true value can be measured.

In Seaford the social, domestic and occupational changes brought about by the war do not seem to have increased the incidence of or the mortality from tuberculosis, taking the war years together with the year 1945 into account.

A D D E N D U M.

NUTRITION.

Diet may make or mar public health, as it may lower the standard of public health in many subtle ways. The modern conception of a good diet is that it must not only satisfy hunger, but it must provide a sufficiency of all the various substances as carbohydrates, proteins and fats to promote and maintain health and vigour. Further, it should supply a sufficiency of vitamins, salts and traces of metals which can only be obtained from a selected assortment of goods, some of which are unfortunately in short supply in many parts of the world to-day.

The monotonous sameness of the diet of people in this country has been the cause of much of the tiredness, apathy, lethargy, and short temper which has been so evident in recent times. This is omitting to mention the chief sufferer, the harassed housewife, who besides having most of the worry in foraging for the food, being given short supplies of fats and other essentials through rationing, has had to waste valuable hours shopping. The effect on her general health and well-being has been considerable. A good deal of the general unrest in this country, and in others, originates from an insufficient supply of a good, varied and wholesome diet. Health and vigour, the capacity to do a good day's hard work, the absence of irritability, and the feeling of healthy well-being, depend more upon the food we eat than almost anything else. A [illegible]aried diet is thus one of the most important things in the world.

From the public health standpoint, the absence of a good varied diet is likely to lower resistance to certain infections. It is unnecessary to point out the importance of diet in the prevention and treatment of rickets, tuberculosis, diabetes, kidney disease, gout, rheumatic affections, gastric ulcer and stomach affections, infantile diarrhoea and other affections, as it is common knowledge. It is true that the best medicine is found in good food rather than in chemists' shops.

In recent times, the knowledge of diet has grown at an amazing rate, and new discoveries regarding food and its effects have followed rapidly one after the other. It is a complex business, the modern science of dietetics, and there are many essentials necessary for a complete diet such as amino-acids, mineral elements, vitamins, carbohydrates and fats, and some factors so far undetermined. Most necessary, though modern research concerning diet is, and will be, most people are best served by a generous and varied diet, and by being able to eat what they fancy. How can the diet be made generous and varied ? This is a big question at present receiving the close and constant attention of Nutrition Experts of the United Nations.

Since charity and many other worthwhile things begin at home, this country should make the production of food a matter of the highest priority. Agriculture should be put in its rightful place as one of the leading industries in the country. The production of more and better food in this island is an urgent necessity. Concerning the prolonged use of artificial fertilisers in this country, some disquiet is becoming evident. It has been well known for a long time that there is a relationship between the healthiness of the soil, the healthiness of plants, the health of animals feeding upon the plants, and the health of human beings who feed upon the plant and animal products. Some authorities, with many years' experience of practical farming, condemn the usage of artificial fertilisers outright as being productive of many ills, such as disease in plants and in cattle and in decreased yields of crops.

Moreover, these authorities point out, quite rightly, that sewage is being wantonly wasted instead of being mixed with available vegetation of all sorts and kinds and made available to the farmer so that he could return valuable "natural" fertiliser to the land instead of using artificial fertilisers, productive of disease in plants and in animals, and in decreased crop yields. It is a fact that where "natural" fertiliser or "natural" compost is used (in short, humus or "muck"), the health of the farm animals, and of human beings living off the farm produce has attained and maintained a high standard. Some local authorities may think it worth while to make and sell pulverised waste obtained from sewage. In some cases where the sales of such "natural" fertiliser amount to some thousands of pounds yearly, the consequent lowering of the rates would benefit the community.

The subject of artificial fertilisers versus "natural" fertilisers is such an important one that much research regarding it is being carried out by a strongly sponsored independent body.

Besides the growing of healthy food to provide an adequate and sufficiently varied diet, there are other problems to be faced. These problems relate to the storage and distribution of good food, and the prevention of its waste.

In recent years, science has solved a lot of the problems concerning the storage of food, especially the readily perishable ones. It seems, however, that the present expensive, and often wasteful, methods of the distribution of food-stuffs requires overhauling, so that a cheaper and more rational system can be introduced. Despite the pious utterances and writings of politicians and of others, that they would not be, or should not be, parties to the ploughing in, or burning, of cereals and potatoes, and the dumping of unwanted fish back into the sea, this state of affairs still goes on in this and in other countries. Mankind has not yet attained sufficient wisdom.

It would appear to be wise and prudent to preserve foods produced abundantly at some seasons of the year so as to be available at seasons when there is no production. Also, surpluses above the real needs of any local population, or of any country, should be made available for other local populations, or for other countries, in exchange for either other food stuffs or essential articles and goods of all kinds. The wastage of good food in order to keep the price up, or through lack of adequate storage, preserving, or transport facilities, is a cardinal sin. It cannot be emphasised too much or too often that the lack of a plentiful and varied supply of good food is one of the major causes of a lot of to-day's unrest. The transport and the processing of food so as to preserve it, is a great deal dependent upon coal production. If we cannot, or will not, supply the coal or petrol for transport, we will not obtain a really good varied diet. Likewise, if no coal is available for processing food, we cannot expect a supply in the lean times. Thus the actual coal producer has his part to play as well as the Government. Nothing short of strong legislative measures will ever stop the wanton waste to keep prices up.

It appears to all sensible people who have taken the trouble to really think about the matter at all, that we must depend more and more upon intensified agricultural and improved coal mining efforts, better methods of storage, of distribution, and of transport, with much more preservation of surpluses for some time to come. We cannot go on for ever relying on the generosity of our Dominions, but we must depend chiefly upon our own exertions.